

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

30235

State File No. _____

FILED SEP 27 1955

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 5811 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give town or townships) <u>Rural - Montgomery</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Montgomery</u>	
c. LENGTH OF STAY (in this place) <u>21 years</u>		d. STREET ADDRESS (If rural, give location) <u>4 1/2 mi. N. Montgomery City Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 1/2 mi. N Montgomery City</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>GEORGE</u>	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>HAMPTON</u>	<u>Sept. 18 1955</u>		

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 17 1896</u>	9. AGE (In years last birthday) <u>59</u>	# UNDER 1 YEAR Months <u>1</u> Days _____	# UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Benton City, Audrain Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>James R. Hampton</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Althea Hampton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War #1</u>	16. SOCIAL SECURITY NO. <u>LOST</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Hampton</u>	18. ADDRESS <u>City, Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 HOURS</u> <u>24 HOURS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>		
	ANTECEDENT CAUSES Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIO SCLEROSIS -</u> <u>of CORONARY SYSTEM</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>41201</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-18, 1955, to 9-18, 1955, that I last saw the deceased alive on 9-18, 1955, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. A. C. An Rudels D. O. T.</u>	23b. ADDRESS <u>Montgomery City Mo</u>	23c. DATE SIGNED <u>9-20-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/20/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wellsville, Montg. Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-20-1955</u>	REGISTRAR'S SIGNATURE <u>Laura S. Callaway</u>	500-	25. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Wells</u>	ADDRESS <u>Wellsville</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

More

SEP 27 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed F B Kello

Licensed Embalmer No. 1588

P. O. Address Kelloville Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.